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CURRENT CORRESPONDE	Fee pap	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
SCULLY, SCO 400 GARDEN C SUITE 300	I he Stat add	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
GARDEN CITY, NY 11530				Danielle Gamache (Depositor's name)			
				(Signifure)			
				12/09/20	10		(Date)
APPLICATION NO.	TION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/576,906	6.906 02/14/2007		ngeline Ingrid Bartholomeusz		19781 7415		
TITLE OF INVENTION: HBV VARIANTS DETECTION AND APPLICATION							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	12/09/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS	]			
BOESEN, A	GNIESZKA	1648	435-005000				
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha //122) attached. cation (or "Fee Address 2 or more recent) attach	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  *please see attached sheet listing 5 assignees  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
1 touse errors are appropriate assistance eartifacts (and more polymers).							
	re submitted: o small entity discount p	A check is enclosed.  Payment by credit ca	ment of Fee(s): (Please first reapply any previously paid issue fee shown above)  check is enclosed.  ayment by credit card. Form PTO-2038 is attached.  the Director is hereby authorized to charge the required fee(s), any deficiency, or credit any verpayment, to Deposit Account Number 024377 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	A Second	The state of the s	· ·	Date <u>12</u> /	09/2	010	
_	Steven P.	Lendaris		Registration I			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (priot or type)

PLRASE NOTE: Unless an assigner is identified below, no assigner data will appear on the parent. If an assigner is identified below, the document has been filled for procedultion as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute (or filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Melbourne Health
Austin Health
Southern Health
Alfred Health
St. Vincent's Hospital Melbourne

Parkville, Victoria, Australia Heidelberg, Victoria, Australia Clayton, Victoria, Australia Melbourne, Victoria, Australia Fitzroy, Victoria, Australia

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual [4] Corporation or other private group entity [4] Government